

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000001532

1. Entity Name

EWE WAREHOUSE INVESTMENTS XV, LTD.

FILED

02 MAY 13 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

10165 N.W. 19TH STREET
MIAMI FL 33172

Mailing Address

10165 N.W. 19TH STREET
MIAMI FL 33172

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

Zip

Country

Zip

Country

4. FEI Number

65-1156778

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

EDWARD W. EASTON

Street Address (P.O. Box Number is Not Acceptable)

10165 NW 19 STREET

City

MIAMI

FL

Zip Code 33172

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

EDWARD W. EASTON

04/02/2002

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record.

\$10,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # L01000019951
NAME EWE WAREHOUSE INVESTMENTS XV, L.L.C.
STREET ADDRESS 10165 N.W. 19TH STREET
CITY-ST-ZIP MIAMI FL 33172

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

700005638627--2
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****158.75 ****158.75

DOCUMENT #
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CITY-ST-ZIP

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CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED EDWARD W. EASTON

APR 2 - 2002

305-593-2222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)